



CITY OF HAYWARD
AGENDA REPORT

AGENDA DATE 06/12/01
AGENDA ITEM 5
WORK SESSION ITEM _____

TO: Mayor and City Council

FROM: Fire Chief

SUBJECT: Letter of Support for the Continuation of EMT Endotracheal Intubation

RECOMMENDATION:

It is recommended that the City Council authorize transmittal of the attached letter regarding endotracheal intubation.

BACKGROUND:

Since 1996 the Fire Department's EMTs have been certified to use an airway management skill known as endotracheal intubation.

Endotracheal intubation is an airway management procedure in which a tube is inserted through the mouth into the trachea. It is used to maintain a patient's airway, to prevent aspiration (vomiting) of material from the stomach, and to permit suctioning of secretions. It is primarily used to administer positive pressure ventilation and in some cases, administer certain medications when IV's cannot be established.

During the five years our EMT Endotracheal Intubation program has been in place, County EMS has been our immediate oversight authority. To this date all data and information that we have received from County EMS has been very positive.

Each Fire Department EMT attends quarterly intubation updates as part of the department's continuing Quality Improvement (CQI) program. These updates include review of anatomical landmarks, indications, contraindications, recognition of and correcting complications associated with endotracheal intubation. Each EMT participates in mannequin practice of the skill and must pass a skills test to successfully complete the session.

The Fire Department was recently notified by Alameda County EMS (Emergency Medical Services) that the State Emergency Medical Services Authority had removed endotracheal intubation from the EMT scope of practice. This decision was made because of concern relative to the ability of rural counties to properly provide this treatment - and not based on direct knowledge of circumstances in Hayward.

The operational impact on the Fire Department, is an increased responsibility on our paramedics. This skill previously was performed by Hayward Fire EMTs and paramedics, and now can only be performed by paramedics.

There is no cost impact on the city whether our EMTs are allowed to continue endotracheal intubation or if the decision stands to not allow EMTs to use endotracheal intubation.

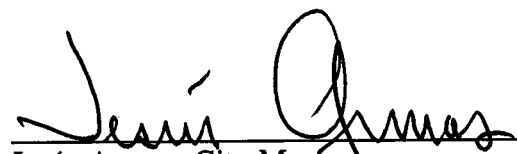
The action on the part of the State EMS Authority has reduced the Fire Department's ability to deliver the best possible EMS care to the residents of Hayward.

The State EMS Authority has acknowledged during phone conversations with the Fire Department's EMS Coordinator that the action to remove EMT endotracheal intubation had nothing to do with performance on the part of Hayward Fire Department EMT's. Discontinuing the Fire Department's ability to deliver a vital service without justification is unwarranted.

Recommended by:


Larry Arfsten, Fire Chief

Approved by:


Jesús Armas, City Manager



CITY OF
HAYWARD
HEART OF THE BAY

June 7, 2001

Richard Watson
Interim Director
Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814

Dear Mr. Watson,

I am writing this letter on behalf of the City of Hayward regarding EMT Endotracheal Intubation. Recently our Fire Department was advised that endotracheal intubation had been removed from the EMT Scope of Practice.

This action on the part of the State EMS Authority, reduced overnight our Fire Department's ability to deliver the best possible care to our citizens.

The Hayward Fire Department has had an EMT Intubation Program since 1996. This program was a result of many hours of hard work by our Fire Department and Alameda County Emergency Medical Services Authority. The goal was to provide the highest level of service to the citizens of Hayward, a goal, I believe is still shared by the Alameda County Emergency Medical Services Authority. The Alameda County Emergency Medical Services Authority has monitored our program over the past five years with only positive feedback.

To date, our Fire Department has taken steps to maintain high EMS skill levels. Those steps include hiring an EMS Coordinator to oversee all EMS Training, Quality Assurance and Quality Improvement which includes quarterly endotracheal intubation training and testing.

It is my understanding that airway management has always been, and will continue to be, the main priority in stabilizing a patient. With an average response time of less than five minutes, coupled with the fact that all personnel are minimum EMTs it seems obvious that removing endotracheal intubation from our EMT Scope of Practice diminishes the chance of survival within our community.

FIRE DEPARTMENT

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In light of the positive feedback, discontinuing our ability to render this vital service seems unwarranted. Moreover, a blanket prohibition without regard to local experience and performance appears equally unwarranted. Therefore, I would request that consideration be given to restoring our ability to render this important and critical service to our residents. I appreciate any consideration you may give to this matter, and any suggestions you are able to provide to enable our Fire Department to continue EMT endotracheal intubation.

Jesús Armas
City Manager